## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request:2			erial/Patent # <u>10/523067</u>				
3 Please refund the following fee		(s):	4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
X	Filing	· <del>-</del>				\$ 100.00	
	Amendment					\$	
	Extension of Time			•		\$	
	Notice of Appeal/Appeal					\$	
	Petition					\$	
	Issue					\$	
	Cert of Correction/Terminal	Disc.				\$	
	Maintenance					\$	
	Assignment					\$	
	Other					\$	
Done			7 TOTAL AMOUNT S (00.00				
			8 TO BE REFUNDED BY:				
10 REASON:				T	Treasury Check		
X	Overpayment		Credit Deposit A/C #:				
	Duplicate Payment		9 50 0 5 5 2				
	No Fee Due (Explanation):						
·							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: Darrell Cottman TITLE: Paralegal							
SIGNATURE: ( Laville Coltina				P	HONE: 703	-308-9140x20	
OFFICE: ************************************							
APPROVED: DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B